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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032  
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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted With Initial Filing  
OR  
☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 18547-042210

First Named Inventor Barone et al.

**COMPLETE IF KNOWN**

Application Number /

Filing Date 03/15/01

Group Art Unit

Examiner Name

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**NUCLEIC ACID ARRAY PREPARATION USING PURIFIED PHOSPHORAMIDITES**

the specification of which (Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [ ] as United States Application Number or PCT International

Application Number [ ] and was amended on (MM/DD/YYYY) [ ] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/190,166	3/17/00	

[Page 1 of 3]

**Burden Hour Statement:** This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:** Assistant Commissioner for Patents, Washington, DC 20231.

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number or Bar Code Label **20350** OR ☐ Correspondence address below

<b>Name</b>	William B. Kezer		
<b>Address</b>			
<b>Address</b>			
<b>City</b>	<b>State</b>	<b>ZIP</b>	
<b>Country</b>	<b>Telephone</b>	<b>Fax</b>	
	925-472-5000	925-472-8895	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR:**

☐ A petition has been filed for this unsigned inventor

<b>Given Name</b>	<b>Date</b>	<b>Family Name or Surname</b>	<b>Barone</b>
<b>Inventor's Signature</b>			<b>Date</b>
<b>Residence: City</b>	<b>State</b>	<b>Country</b>	<b>Citizenship</b>
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<b>Mailing Address</b>			
<b>City</b>	<b>State</b>	<b>ZIP</b>	<b>Country</b>
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**NAME OF SECOND INVENTOR:**

☐ A petition has been filed for this unsigned inventor

<b>Given Name</b>	<b>Glenn</b>	<b>Family Name or Surname</b>	<b>McGall</b>
<b>Inventor's Signature</b>			<b>Date</b>
<b>Residence: City</b>	<b>State</b>	<b>Country</b>	<b>Citizenship</b>
Mountain View	CA	USA	CANADA
<b>Mailing Address</b> 750 No. Shoreline Blvd., #30			
<b>Mailing Address</b>			
<b>City</b>	<b>State</b>	<b>ZIP</b>	<b>Country</b>
Mountain View	CA	94043	USA

☒ Additional Inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**

<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])				Family Name or Surname	
Mark				Trulson	
Inventor's Signature				Date	
Residence: City	San Jose	State	CA	Country	USA
Mailing Address 1240 Martin Avenue					
Mailing Address					
City	San Jose	State	CA	ZIP	95126
				Country	USA
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])				Family Name or Surname	
Paul				Bury	
Inventor's Signature				Date	
Residence: City	Belmont	State	CA	Country	USA
Mailing Address 2530 Carmout Dr., Apt. 8					
Mailing Address					
City	Belmont	State	CA	ZIP	94002
				Country	USA
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])				Family Name or Surname	
Robert				Carroll	
Inventor's Signature				Date	
Residence: City	Mountain View	State	CA	Country	USA
Mailing Address 1209 Awalt Drive					
Mailing Address					
City	Mountain View	State	CA	ZIP	94040
				Country	USA

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